

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th October 2016

Title and Author of Paper: NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Approval

Key Points to Note:

1. The NHS Improvement Single Oversight Framework replaces the Risk Assessment Framework (RAF) and came into effect on 1 October.
2. Each provider Foundation will be assigned to a “segment” which determines the level of support and scrutiny adopted by NHSI, from the following options:
 - Segment 1 – maximum autonomy
 - Segment 2 – targeted support
 - Segment 3 – mandated support
 - Segment 4 – providers in special measures
3. **NHSI have completed a shadow segmentation exercise and placed NTW into segment 2.**
4. From Month 6 NHSI have introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position.
5. NHSI have also introduced a new requirement to report detailed information of expenditure on agency staff.

Risks Highlighted to Board : Risk of compliance action

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No Yes – meeting compliance standards

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the implementation of the Single Oversight Framework and the resulting implications for the Trust.

Link to Policies and Strategies: N/A

BOARD OF DIRECTORS 26th October 2016

Implementation of NHS Improvement Single Oversight Framework

PURPOSE

To present to the Board of Directors the requirements of the new Single Oversight Framework.

BACKGROUND

NHS Improvement is responsible for overseeing NHS Foundation trusts, NHS trusts and independent providers, offering support trusts may need to deliver safe, high quality, compassionate care within local health systems that are financially sustainable. NHS Improvement holds providers to account and intervenes where necessary.

The Risk Assessment Framework which was used to assess Foundation trusts using a governance rating and a financial sustainability risk rating, was superseded by the Single Oversight Framework on 1st October 2016.

THE SINGLE OVERSIGHT FRAMEWORK

The framework:

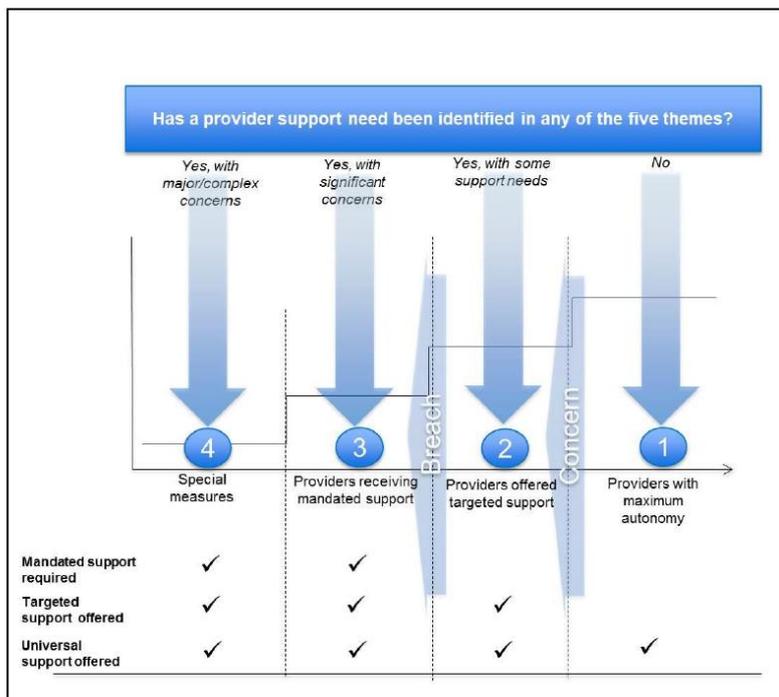
- applies to Foundation trusts, NHS trusts and independent providers
- assists NHS Improvement to identify potential support needs as they emerge
- allows NHS Improvement to tailor their support packages to the specific needs of providers
- is based on the principle of earned autonomy.

NHS Improvement will assign each provider to a “segment” according to the scale of issues they face. The segments are numbered 1 to 4, with segment 1 assigned where a provider has no identified support needs, therefore earning maximum autonomy, and segment 4 assigned to providers in special measures. Based upon the trust’s CQC rating and the current financial position, **NHS Improvement has placed the Trust in segment 2**, which means the trust may be offered targeted support.

The segmentation is informed by data monitoring and judgement based on an understanding of providers’ circumstances across the following five themes:

Single Oversight Framework Themes:
1. Quality of Care
2. Finance & use of resources
3. Operational performance
4. Strategic change
5. Leadership & improvement capability

The figure below summarises this approach:



A summary of the information to be used in assessing provider performance against the framework is provided at Appendix 1. Further new requirements announced since the implementation of the framework include:

- A requirement for trusts to consider expenditure on agency staff at Trust Board level and to share this information with provide NHS Improvement.
- A protocol for revising financial forecasts during a financial year, which includes assurances from the Board of Directors (format attached at Appendix 2).

IMPLICATIONS

Under the new framework, it is difficult to predict which segment the trust will be assigned as this is subject to NHS Improvement judgement and there is no guidance on how performance against the different themes will be weighted.

The finance and use of resources metrics, when considered in isolation from the other themes, would currently place the trust in segment 3.

Finance submissions continue to be monthly. It is not yet clear how submissions for the remainder of the framework will be developed, this is likely to be a combination of providers self-declarations and NHSI assessment of quality data derived from national sources such as MHSDS.

It is not yet clear how other governance issues previously reported such as serious incidents, changes to the Board of Directors/Council of Governors etc are to be reported to NHS Improvement.

RECOMMENDATIONS

To note the information included within the report.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
October 2016

Appendix 1

Theme	Information Used:	Standard	Triggers
Quality of Care	CQC information	N/A	inadequate or requires improvement in safe/effective/caring or responsive, or CQC warning notices etc
	Staff sickness	N/A	concerns arising from trends
	Staff turnover	N/A	
	Executive team turnover	N/A	
	NHS Staff Survey	N/A	
	Proportion of temporary staff	N/A	
	Aggressive cost reduction plans	N/A	
	Written complaints - rate	N/A	
	Staff Friends and Family Test % recommended - care	N/A	
	Occurrence of any Never Event	N/A	
	NHS England/NHS Improvement Patient Safety Alerts outstanding	N/A	
	CQC inpatient/mental health and community survey	N/A	
	Mental health scores from Friends and Family Test - % positive	N/A	
	Admissions to adult facilities of patients who are under 16 years old	N/A	
	Care programme approach (CPA) follow up - proportion of discharges from hospital followed up within 7 days - MHMDS	N/A	
	% clients in settled accommodation	N/A	
	% clients in employment	N/A	
Potential under-reporting of patient safety incidents	N/A		
Finance	Sustainability:		Poor levels of overall financial performance (average score of 3 or 4) Very poor performance (score of 4) in any individual metric Potential value for money concerns
	o Capital service cover		
	o Liquidity		
	Efficiency:		
	o I&E 14 margin		
	Controls:		
	o Performance against plan		
	o Agency spend		
Value for money information			
Strategic Change	Review of STPs	N/A	Material concerns with provider's delivery against the transformation agenda, including new care models and devolution
Leadership & improvement capability	Governance or well led reviews		Material concerns, or CQC inadequate or requires improvement against well led
	Third party information eg Healthwatch, MPs, whistleblowers, coroners' reports		
	Organisational Health indicators		
	Operational efficiency metrics		
	CQC well led assessments		

Table continues overleaf

Appendix 1 continued

Theme	Information Used:	Standard	Triggers
Operational Performance	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	92%	Failure to meet any standard in more than two consecutive months
	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	95%	
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	
	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:		
	a) inpatient wards	90%	
	b) early intervention in psychosis services	90%	
	c) community mental health services (people on Care Programme Approach)	65%	
	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:		
	· identifier metrics:		
	NHS Number	95%	
	Date of Birth	95%	
	Postcode	95%	
	Current Gender	95%	
	GP code	95%	
	CCG code	95%	
	· priority metrics:		
	ethnicity	85% by 2016/17 year end	
	employment status (adults)		
	school attendance (CYP)		
	accommodation status (adults)		
	ICD10 coding		
	Improving Access to Psychological Therapies (IAPT)/talking therapies		
	· proportion of people completing treatment who move to recovery	50%	
· waiting time to begin treatment :			
- within 6 weeks	75%		
- within 18 weeks	95%		

Adverse changes to forecast protocol - Board assurance statement

Adverse Changes to Forecast Protocol - Board Assurance Statement		Board Response
<p><i>The board are required to respond "Confirmed" or "Not confirmed" to the following statements (notes below)</i></p> <p><i>Where a provider plans to make an adverse change to an in-year forecast it must be reported through the national reporting process and accompanied with this Board Assurance Statement which has been signed by the Trust Chair, Chief Executive and Director of Finance</i></p>		
For finance:		
The Board has been fully briefed on the planned adverse change to forecast and has adhered to the NHS Improvement protocol for ' Adverse Changes to the In-Year Forecasts ' prior to requesting the change	<input type="text"/>	<input type="text"/>
All reporting revisions are accompanied with detailed actions to confirm how the position will be recovered and the original financial plan will be delivered	<input type="text"/>	<input type="text"/>
The Board is full committed to the delivery of the Trust recovery plan and will actively monitor the recovery plan milestones	<input type="text"/>	<input type="text"/>
In advance of formally reporting a forecast outturn variance from plan the Trust has discussed the financial deterioration and remedial actions with the NHS Improvement Regional Managing Director and Regional Director of Finance	<input type="text"/>	<input type="text"/>
For governance:		
Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed	<input type="text"/>	<input type="text"/>
The senior clinical decision making body within the Trust has been engaged with and are party to the identification and delivery of the recovery actions	<input type="text"/>	<input type="text"/>
The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions	<input type="text"/>	<input type="text"/>
Board Declaration		
<p><i>I can confirm that in my capacity as a member of the Trust Board, I understand the financial forecast, its key drivers and where there has been a variance signalled, I can confirm that additional actions to deliver the original plan that was signed off by this Trust Board have been considered in full by Clinical Decision Making Groups the Finance Committee and the Board as a minimum</i></p>		
Signed on behalf of the board of directors		
Signature _____	Signature _____	
Name <input type="text"/>	Name <input type="text"/>	
Capacity <input type="text" value="Chief Executive"/>	Capacity <input type="text" value="Chair"/>	
Date <input type="text"/>	Date <input type="text"/>	
Signature _____	Signature _____	
Name <input type="text"/>	Name <input type="text"/>	
Capacity <input type="text" value="Finance Director"/>	Capacity <input type="text" value="Audit Committee Chair"/>	
Date <input type="text"/>	Date <input type="text"/>	